



Department of Medical Assistance Services  
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<http://www.dmas.state.va.us>

# MEDICAID MEMO

**TO:** Directors and Staff at Department of Behavioral Health and Developmental Services (DBHDS) Behavioral Health Facilities and Training Centers and Managed Care Organizations

**FROM:** Cynthia B. Jones, Director  
Department of Medical Assistance Services (DMAS)

**MEMO:** Special

**DATE:** 2/26/2014

**SUBJECT:** Procedure Change for the Pre-Admission Screening Process (PASRR) for Individuals Transferring from DBHDS State Facilities to Nursing Facilities — *Effective March 1, 2014*

The purpose of this memorandum is to notify providers that the Department of Medical Assistance Services (DMAS) intends to implement a new PASRR process for both Level I and Level II screenings of individuals currently receiving care in DBHDS-licensed facilities who are ready for transfer to a nursing facility level of care.

DMAS and the DBHDS recently completed a comprehensive review of operational procedures associated with the federally mandated PASRR program. As a result of this review, DMAS and DBHDS will implement a new PASRR process effective March 1, 2014.

## **BACKGROUND**

The Omnibus Budget Reconciliation Act (OBRA) of 1987, Part 2, Subtitle C of Title IV, added §1919 to the Social Security Act, Section 1919 (e)(7) requires states to have a preadmission screening and resident review (PASRR) program to identify individuals with mental illness, intellectual disabilities, and related conditions who are transferring to nursing facilities. Section 1919(b)(3)(F) prohibits a nursing facility from admitting any new resident who has mental illness, intellectual disability, or a related condition unless that individual has been determined by the State Mental Health Authority (SMHA) to require the level of services provided by a nursing facility. In addition, the State Mental Health Authority must determine whether active treatment and any specialized services are required. Therefore, Virginia's PASRR program includes the participation of mental health professionals and a representative from the State Mental Health Authority (DBHDS), in those cases where mental illness, intellectual disability, or related conditions are a factor.

An additional screening component is in place for individuals with a diagnosis of mental illness (MI), intellectual disability (ID) and/or a related condition (RC). The DMAS-95 MI/ID/RC Level I screening is the first step to identify MI/ID/RC for individuals seeking nursing facility placement. The Level II MI/ID/RC evaluation determines if the individual may benefit from additional specialized services but does not preclude them from receiving services in a nursing facility or a Home- and Community-Based Care Waiver that has a nursing facility as the alternative institutional placement. The first part, referred to as the Level I screening, is the preadmission screening process that determines whether nursing facility

applicants meet nursing facility level of care criteria and whether the individuals have any suspected or known mental illness, intellectual disability or related condition. The second part, referred to as the Level II is a comprehensive face-to-face evaluation of individuals with mental illness, intellectual disability or related conditions who are identified through the Level I process.

## **PASRR PROCESS**

This memorandum identifies a procedural change for the PASRR process for both Level I and Level II. The PASRR program is a federally mandated process in which DMAS has ultimate oversight responsibility to determine if individuals with intellectual and developmental disabilities and serious mental illness, who require nursing facility (NF) level of care, meet criteria for placement. PASRR is a two-part process. The Level II evaluation is to determine if the individual may require any specialized behavioral health or other services as part of their care while residing in the nursing facility.

Federal PASRR regulations under 42 CFR §483.106(d)(1) require that an entity independent of the SMHA must conduct the Level II PASRR evaluations for nursing facility applicants and residents suspected of having a serious mental illness. To ensure the Commonwealth maintains full compliance with these regulations, effective March 1, 2014, the state PASRR third party vendor, Ascend Management Innovations LLC (Ascend), will begin conducting the PASRR Level II evaluations for individuals transitioning to a Medicaid certified nursing facility from any DBHDS behavioral health facility. To ensure uniformity, Ascend has been designated by DBHDS to conduct Level II evaluations for Virginia's training centers as well.

**Due to this change, employees of all DBHDS-operated facilities will no longer be permitted to conduct Level II PASRR evaluations.**

## **METHOD OF SUBMISSION TO ASCEND OR AUTHORIZED CONTRACTOR**

All submission methods and procedures are fully compliant with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable federal and state privacy and security laws and regulations. Effective March 1, 2014, when any resident of a DBHDS-operated facility is identified for transfer to a Medicaid certified nursing facility; the DBHDS-operated facility must contact Ascend, the authorized contractor, to conduct the PASRR Level II evaluation. Ascend will evaluate individuals who have a DMAS-95 indicating MI/ID/RC and a UAI indicating ADL assistance needs and medical/nursing needs. To make a referral to Ascend, the DBHDS facility should fax the following to Ascend at 877-431-9568:

- Completed DMAS-95 Level I (dated within last 30 days)
- Completed DMAS-97 (dated within last 30 days)
- Completed UAI (dated within the last 30 days)
- Host recent History and Physical (dated within last year)
- Psychological evaluation (dated within the last year)
- Most recent psychiatric evaluation (dated within last year) containing Axis I diagnosis
- Guardianship papers, if applicable

Ascend can be reached for questions via phone at 877-431-1388 x 3206.

For individuals who require the Level II evaluation, the Ascend evaluator will telephone the designated facility contact person to schedule the face-to-face evaluation. Once onsite, the Ascend evaluator must review the individual's medical record and conduct interviews with the individual, legal guardian (if applicable), and the facility treatment team staff as part of the evaluation process.

#### **MANAGED CARE ORGANIZATIONS**

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at [http://www.dmas.virginia.gov/Content\\_pgs/mc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx).

#### **COMMONWEALTH COORDINATED CARE**

Commonwealth Coordinated Care (CCC) is a new initiative to coordinate care for individuals who are currently served by both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at [http://www.dmas.virginia.gov/Content\\_pgs/altc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx) to learn more.

#### **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

#### **"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance  
1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.